

Shockingly, one after another witness presented to our Congressional committee the fact that the services and funding for treating children with emotional disorders was at the lowest end of any sort of health care service in this country. In fact, we were told by the administration, that two-thirds of America's children needing assistance with emotional disorders are without treatment and care. We are also told of the complicated process of HMOs that does not cover care for emotional disorders and mental illness in children.

In fact, running between two hearings, one of the remarks that I made in coming to the Congressional Children's Caucus hearing on this matter is that we might even call the system bankrupt; the fact that our children are so very important and when, in the greatest need of their time, when they are young, when they may be suffering from attention deficit disorder or they may be suffering from depression, we in this very powerful nation do not have the wherewithal or funding to fix these broken lives.

Parents came and presented to us tragic instances of suicide and what could have been done or what should be done to prevent this. But more importantly, what they did say to us is this is something that could be remedied. A child aged 7 or 4 or 5, 8, 10, 12 or a teenager suffering from depression can be helped. That family can be helped.

Why, in this powerful country, do we spend so much money on so many different things; do we argue and debate on the floor of the House on so many different things, and yet we cannot find the funding or any of the resources to truly help those children who are in need?

With that, Mr. Speaker, I would like to say that I will be looking to offer legislation to increase the amount of funding that we have to implement centers around the country, some centers, that we now have only 31 centers in 22 States, 22 out of 50 States, where we have the resources to help our children suffering from emotional disorders. And clearly, I will be looking to question HMOs as to how they treat the reimbursement to families for coverage of this whole question of mental or emotional disorders of our children and hope to support House Resolution 212 sponsored by John Lewis that emphasizes the importance of this question.

TRIBUTE TO WOMEN-OWNED BUSINESSES

Let me complete my remarks, Mr. Speaker, by saying that I do want to pay tribute to women-owned businesses. Certainly, one would ask the connection. But I thought these were two important issues that I needed to mention this evening.

My tribute to women-owned businesses is simply this: These represent the backbone of America's economy. How many women do I meet who are moved out of the workforce without any opportunity for employment and have found economic independence

through the idea of women-owned businesses. I am a major supporter of the Small Business Administration's effort in helping cottage-owned industries owned by women.

In fact, there was a pilot program in Houston, Texas, spearheaded by Milton Wilson of our SBA, that helped to fund what we call cottage-owned agencies, such as Mary Kay, which has been expanded by the one-stop capital store. The U.S. general store allows small businesses to go in and access contracts in the Federal Government all over the country. The one-stop capital store allows small businesses and women-owned business to access capital.

If I ever heard anything from our women-owned businesses, it is that it is so difficult for them to prove themselves as a worthy credit risk. How shameful in 1998 that we still have the problems of saying the little lady can't handle it.

Well, let me salute all the women-owned businesses who have turned into the big ladies who are doing quite well. Let me encourage them to continue to be the pioneers that they are. And let me say to them that I, for one, will give to them my full commitment for ensuring that they are treated with the dignity and equality for capital, for investment, for access to opportunities, and for access to opportunity in this government.

I close by simply saying that women-owned businesses have benefitted from affirmative action. And for all my colleagues who might be listening, that is why I think it is extremely important to turn back anyone who attempts to undermine what affirmative action stands for, providing an equal opportunity, acting affirmatively to open the doors of opportunity for all.

WOMEN'S HISTORY MONTH

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mrs. TAUSCHER) is recognized for 5 minutes.

Mrs. TAUSCHER. Mr. Speaker, I rise today in honor of Women's History Month and in particular to pay special recognition to the millions of women business owners in the United States today. I think that it is particularly significant and important that we honor the nearly 8 million women-owned businesses that exist in the United States, because the right of a woman to legally own or run a business has been won only very recently in the course of United States history.

Women were historically denied the right to legally run a business or hold assets in their name, which prevented them from ever achieving financial self-sufficiency. This is not to say that women did not run businesses or make financial decisions every day. They not only ran shops and mercantiles, but farms and other businesses on a regular basis. But this was done in the name of a husband, a father, a brother, or a son.

The economic contributions women have made to this country have been tremendous, but they remain largely unrecognized. We need to acknowledge this not only during Women's History Month but every month.

As a former businesswoman, I know how difficult it is to break into business, period, and how particularly difficult it is if you are a woman. Every business needs capital to succeed. In our business-friendly environment, one where we value hard work and entrepreneurship, one would think that all talented, educated individuals would have access to capital.

Despite the tremendous advances women have made in every field, access to capital is still a significant problem for many women. There are still banks that deny business loans to qualified women entrepreneurs.

The Congressional Caucus for Women's issues last year heard testimony from a number of businesswomen owners who stated that they were forced to use credit cards to finance their first business ventures. But despite the barriers that women business owners have had to face, they have continually proven themselves to be a success.

The nearly 8 million women-owned firms in the United States provide jobs for 15.5 million people and generate nearly \$1.4 trillion in sales. The number of women-owned companies increased at twice the rate of male-owned businesses from 1987 to 1992.

Businesses owned by women are extremely stable. For example, nearly three-quarters of the commercially women-owned firms that existed in 1991 are still successfully operating today. However, in comparison, only two-thirds of all commercially active firms in 1999 are successfully operating today.

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I am especially proud of the fact that my home State of California leads the country in the number of women-owned business firms. There are nearly 1.1 million women-owned businesses in California, which employ approximately 2.3 million people and generate \$314 million in sales.

Women-owned businesses make a difference in the economic health of not only the State of California but the entire United States. In return, we must do more for them.

Encouraging women to start their own businesses, for example, is an excellent way to move them off the welfare rolls. Microcredit programs across the country provide low-income women with marketable skills; many of them are moving from welfare to work with small loans to start their own businesses. These women might set up something as small as a stall in a flea market or as challenging as a catering service. Whatever business they choose to start, the fact is that they are working to make themselves and their families self-sufficient.

Women are twice as likely to start a business as men, and we must encourage that and ensure that a level playing field is available to women for access to capital and information. In 1995, as a small business owner, I was a delegate to the White House Conference on Small Business where many of these issues were discussed. Now, as a Member of Congress, I have not forgotten the issues that we discussed then and I believe that we need to bring them again to the forefront.

I would like to take a moment to acknowledge the many women who fought so hard for the right of women to achieve economic self-sufficiency. Let us carry on that tradition by honoring the millions of women business owners today and by supporting the millions of business owners we have to come.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 992, TUCKER ACT SHUFFLE RELIEF ACT

Mr. HASTINGS of Washington, from the Committee on Rules, submitted a privileged report (Rept. No. 105-430) on the resolution (H. Res. 382) providing for consideration of the bill (H.R. 992) to end the Tucker Act shuffle, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 1432, AFRICA GROWTH AND OPPORTUNITY ACT

Mr. HASTINGS of Washington, from the Committee on Rules, submitted a privileged report (Rept. No. 105-431) on the resolution (H. Res. 383) providing for the consideration of the bill (H.R. 1432) to authorize a new trade and investment policy for sub-Saharan Africa, which was referred to the House Calendar and ordered to be printed.

REPUBLICAN LEADERSHIP NEEDS TO ACT NOW ON BASIC PATIENT PROTECTIONS

The SPEAKER pro tempore (Mr. JENKINS). Under the Speaker's announced policy of January 7, 1997, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, this evening I would like to discuss an issue which I have addressed on the floor of the House many times before and probably will deal with a lot more as we move through the session in this year, 1998; and that is the need for managed care reform.

I believe that the American people have the best health care in the world. Unfortunately, the quality of care is being limited by HMOs or managed care plans. I think that Congress must act now to enact basic patient protections, but to put the "care" back in managed care.

Many of us have talked for the last year or so about the types of things that should be included in an effort to reform managed care. The President had an advisory committee that issued a report that went through various patient protections that could be included. At the same time, in his State of the Union address the President talked about the need for patient protections and basically called upon the Congress on a bipartisan basis to pass managed care reform. I have actually introduced a bill, a number of our colleagues have introduced legislation that would put patient protections in effect in the context of managed care organizations.

But what has not happened and what needs to happen is that this House and this Congress must pass legislation and should get to doing so as quickly as possible. The time for talk is over. The time for action is now. We do not have a lot of time left because of a shortened legislative calendar in 1998, and I think we need to move in committee, we need to move on the floor and we need to move in both Houses towards managed care reform.

I have to say that I believe very strongly from every indication that I have received that the Republican leadership is not interested in moving forward on managed care reform. There has been a tremendous amount of money coming from special interest groups, from the insurance companies, in particular, that have been lobbying Members of Congress not to pass a managed care reform or patient protection act legislation in this session of Congress.

The Republican leadership has been out there saying that they do not want to do it, and I think what we have to do as Democrats and those Republicans that are willing to join us, is to push the Republican leadership. Because they are in the majority, we have to push them to bring this legislation through committee to the floor so that the President can sign it.

I have to say that this is a very important issue for our constituents. Every time I go back home and hold a town meeting, constituents ask me when Congress is going to provide common-sense managed care reform.

In New Jersey, the voters spoke loud and clear and the State legislature, along with Governor Whitman, a Republican, enacted model patient protections. It was not radical legislation in New Jersey. It has not substantially increased costs as the special interest lobbyists would have us believe. Instead, it was principled on choice, access and quality health care.

Let me just give my colleagues an idea, if I could, about the types of things that we are talking about when we talk about a Democratic managed care reform initiative.

Basically what we are saying is that individuals enrolled in managed care plans would be guaranteed that their health plan will have enough doctors

and health providers in its network to ensure that they get the care they need on a timely basis, that they would have the right to choose to see providers outside their health plan, that they would have the right to see specialists when necessary outside their health plan, that they would be guaranteed that their doctor would be allowed to tell them about all their treatment options, that is, no plan would be able to use gag rules to restrict doctors' communications with patients, that they would have access to emergency care without prior authorization in any situation that a prudent lay person would regard as an emergency.

For women with breast cancer, they would be allowed to stay in the hospital following surgery for a minimum of 48 hours for a mastectomy, or 24 hours for a lymph node dissection. For a woman to be guaranteed the right to direct access to their obstetrician-gynecologist and be able to choose their obstetrician-gynecologist as their primary care physician.

When a service and procedure is covered by their plan, that they be guaranteed that they and their doctor, not the insurance bureaucrats, would decide what care is medically necessary for their treatment, that they be able to get authorization for care from their plan in a timely manner based on clear, objective written guidelines, that they be guaranteed that if they were denied care by their plan, there would be a timely, reasonable and meaningful system of recourse for those with life-threatening illnesses allowing them to participate in a clinical trial for experimental therapies at no extra cost to them, that they have protections against discrimination on the basis of health status, genetic information and other factors, that for women who have had a mastectomy, guaranteed coverage for reconstructive breast surgery, that they have access to medically necessary drugs, that they be guaranteed that their health plan does not use discriminatory practices when choosing doctors or other health providers who participate in its network, that they be guaranteed that their health plan would be subject to these new protections regardless of whether it is licensed at the State or Federal level and that they be provided full, relevant information about their plan, including which benefits are covered and which are excluded, what the individual costs are, what the plan policies are regarding authorization and denial of care and what their plan's policies are regarding selection and payment of providers.

Mr. Speaker, these are a few of the common-sense provisions that the American people want enacted. New Jerseyans in my State are fortunate to have a responsive State legislature that addressed these issues but unfortunately not all in New Jerseyans will be able to enjoy the same level of patient protections. That is because the